1. **Last Name** **First Name** **MI**

2. **Patient Number**										--	H

3. **Date of Birth**	**Month**	**Day**	**Year**

4. **Race** ☐ 1. White ☐ 2. Black/African American
☐ 3. American Indian/Alaska Native ☐ 4. Asian
☐ 5. Native Hawaiian/Other Pacific Islander ☐ 6. Other
Ethnicity: Hispanic/Latino Origin? ☐ Yes ☐ No

5. **Gender** ☐ 1. Male ☐ 2. Female

6. **County of Residence** | | |

NC Department of Health and Human Services
Public Health Nursing & Professional Development

NOTES

DATE	

____

Patient Name, #, or DOB
or
Attach Patient Label Here

NOTES

DATE	

NOTES (DHHS 2803)

Use the Notes page any time a more specialized record does not allow for sufficient documentation. Any health worker writing on patient notes should record here unless there is an appropriate, more specialized form. This includes consultants as well as those responsible for routine services – health educators, nutritionists, doctors, LPNs, PTs, home health aides, nurses.

SOAP FORMAT: S = Subjective
O = Objective
A = Assessment
P = Plan

USE THE SOAP FORMAT FOR NOTES ON:

- Initial plan for each problem requiring action.
- Progress notes.
- Consultant evaluations for which special forms do not exit.
- Periodic summaries/evaluations of a particular problem or of the patient's entire situation.
- One time, minor service. The establishment of a patient database is not justified when it is an isolated encounter for minimal service.

1-6 PATIENT'S NAME, Attach in this space the computer generated identification label or emboss in this space the information imprinted on the patient's plastic identification card. When a plastic card or label is not available, manually record the patient's name (last name, first name and middle initial), identification number, date of birth (MM-DD-YYYY), race, ethnicity, gender, and county of residence.

DATE Enter the date the recording is done.

Write SOAP progress note, evaluation, summary, etc. in the blanks. Each entry must conclude with the legal signature of the recorder.